

## **Bidder Questions and Answers – 2:**

1. If a potential bidder wins a contract to perform services under this RFP, then would he/she be precluded in the future from providing any subcontracted services to a managed care organization participating in the Healthy Options program?

No, the successful contractors would not be precluded from subcontracting with Healthy Options plans. The services being provided by this project and the services provided by Healthy Options plans are provided to two distinctly different eligibility groups; there should be no overlap.

2. From the bidders conference, please confirm that a bid for a local project for children may include activities directed at only one (1) disease state of the ten (10) listed in the RFI?

Yes, a bid for a project focused on children may include only one disease-state. You are not restricted to the 10 disease states listed in the RFI.

3. For the clients included in this RFP, what is the current case manager to client ratio? Does this vary by potential disease-state or geographic location? We are looking for an estimate of how many different agencies and providers that may be involved in coordinating and providing services for clients, respectively.

The number of case managers involved with each client will vary by client – those clients who are served only by MAA will not have any case management services through DSHS at all, while those who receive services through several DSHS divisions may have multiple case managers. The numbers of case managers may also vary by geographic location and also number of outside agencies involved in the client's service delivery. The short answer is: there is no reliable estimate.

The data that you have received does have information on client contacts with other DSHS divisions, but not all clients who've received these other services have case managers.

4. From the bidders conference, please confirm that pharmacy data from the State or TCS/Consultec will be made available to contractors monthly.

Yes, monthly data updates will be provided.

5. Please summarize the anticipated, multiple contract terms to be negotiated by an "apparently successful bidder" with MAA during the negotiation period expected to occur 12/15 – 12/30/01.

Contractors will be expected to sign a contract with General Terms and Conditions that are substantially the same as sent in the Friday, November 2, electronic mailing; specific contract terms will be negotiated based on the projects proposed by the successful bidders. The two-week timeframe for contract negotiation is an estimation –

negotiations may take longer for one contractor and less time for another, depending on the proposal submitted.

6. For funding, based on the 10 disease states and the \$30 pm/pm reimbursement rate assumed by the Legislature, please confirm that MAA expects each disease state to have a cost to administrate on average of \$3 pm/pm/ each.

Contractors will be providing services to clients, not disease states. The \$30 per member/per month case management fee will be provided per enrolled client. It is an estimation of the average cost of managing care for these clients. Some clients may cost \$3.00 per month to manage, some may cost significantly more.

Again, bidders are not limited to the 10 disease states listed in the RFI.

7. Based on a response at the bidders conference, please confirm that if a client has a "case manager" through the No Wrong Door initiative, then that "case manager" would be the client's primary case manager, and also be responsible for the disease/case management activities that a winning bidder would be responsible for implementing under this contract. In other words, the contractor would not have the capability to work with the client directly regarding their particular disease state. If this is the case, would the contractor then be able to have access to the information regarding the client available in the No Wrong Door database(s)?

If the client has a case manager that they consider their "primary case manager" in the No Wrong Door program, then the Disease Management contractor has the responsibility to work with that case manager to ensure that the client is receiving appropriate medical care and case management. If there is no "primary case manager", then the Disease Management contractor will have primary responsibility for case management.

8. What is MAA's definition of a "health system catchment area?" Are catchment areas the same as the regions presented on page 2 of the Exhibit G tables' explanations?

MAA's definition of a "health system catchment area" is the area defined by the potential bidder as their service area. For example, a health network might serve all of County "A", the northern half of County "B" and the Western half of County "C".

The regional designations in Exhibit G were originally developed for the purposes of the Healthy Options rate structure.

9. If a bidder is selected to perform RFP services under one of the two local project bidding options, will the contractor be paid pm/pm by the total number of clients in that region or county, or will the contractor be paid only for those members that are enrolled with the contractor for disease management activities?

The Contractor will be paid the pm/pm rate only for those members actually enrolled in the program.

10. If a client elects to enroll in a contractor's disease management program, will MAA provide a guaranteed minimum enrollment period to the contractor for that client, or will only the client's remaining MAA eligibility determine how long the client may participate in the disease management program (other than self-disenrollment)? For example, will a client be permitted to enroll in a disease management program if he/she is ultimately determined to have only one month of eligibility remaining?

MAA cannot guarantee eligibility; however, the eligibility period for SSI clients is generally at least one year. If a client had only one month of eligibility remaining, and a reason for us to think that eligibility would not be extended, the client would not be enrolled with a disease management program.

11. Will a client be permitted to self-disenroll from a contractor's disease management program once electing to participate?

Your question seems to be: can a client disenroll from the program after choosing to enroll (vs. being assigned by MAA). The answer is yes in both cases. A client may disenroll from the program whether the client enrolled or was assigned.

12. Regarding MAA's expectation that the contractor would establish a separate complaints and appeals process. What criteria does MAA wish a contractor to implement?

MAA is not requiring bidders to develop an appeals process. You should describe your complaints process in your response to the RFP.

13. Would MAA's grievance and appeals process also be available to clients? Yes.

14. Is this duplicative of MAA's current process?

No. Fee for Service clients may access the MAA complaint and Fair Hearing processes at any time, as can our Healthy Options managed care clients.

We are required to have the Fair Hearing process available to our managed care and fee-for-service clients at any time.

15. What is MAA's expectation of the contractor sharing its documentation with providers (i.e. what type of documentation?) What is MAA's expectation or definition of "periodic?"

At a minimum, care plans should be shared with providers. Other documentation that might be shared should be outlined in the proposal. MAA's expectation is that bidders will define "periodic" in their proposal.

16. Please confirm that any contractor will not have any claim encounter reporting requirements to MAA.

MAA will determine billing procedures before contracts are finalized. Contractors may be required to bill monthly charges on an individual client basis.

17. As the successful bidder will only be coordinating a client's care rather than providing such care, what is MAA's basis that the contractor will be a covered entity under HIPAA and require, at a minimum, client consents in order to meet its obligations under this contract?

It is assumed that the Disease Management contractor will be coordinating with physicians and other providers and would also be sharing confidential client information.

18. If MAA is planning to file a State Plan Amendment in January 2002 for mandatory client enrollment (as determined appropriate) in disease management programs, then will MAA work with contractors regarding enrollment data prior to March 1, 2002? What arrangements will MAA find acceptable to pay the contractor if CMS does not approve the State Plan Amendment before March 1, 2002?

The State Plan process allows for a retroactive approval of the amendment. We feel confident that we can begin the process of enrollment, and will pay the contractor for enrolled clients prior to the CMS approval date.

19. Please confirm that MAA expects contractors to perform a client survey six (6) months after the initiation of the program, in September 2002. Yes, that is the expectation.

20. Does MAA expect contractors to perform these surveys every six (6) months in the contract period? No.

21. How would the 18 month survey be handled, given that it would occur past the 6/30/2003 initial contract termination date?

MAA may conduct these client surveys for all contractors. Bidders should not include survey costs for anything beyond the termination date.

22. Please explain the differentiation between the evaluation components (page 10 VI.G. and VI.I). They appear to be the same, except stated differently.

MAA is working with different evaluators; WSIPP has conducted a recent study of avoidable hospitalizations and their role has been separated in item "G."

23. Please define "qualitative" measures.

Examples of qualitative measures include: focus groups, in-depth interviews, case studies, etc.

24. Please confirm that the State wants potential bidders to submit cost proposals only for the first contract period up to 6/30/2003 and not beyond that date. If so, will MAA be re-negotiating cost rates if the contract is to be extended?

Bidders need only submit cost proposals covering the initial contract period. We have no guarantee that the project will be extended beyond June 30, 2003.

If the contract period is extended, we will re-negotiate cost rates if necessary.

25. Please confirm that Kitsap County is included in region 4.

Yes, Kitsap County is included in region 4.